U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.E. 85-257, as amended. Failure to comply may result in criminal prosecution, lines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 7367

3. Name and address of person liking.

Name Richard J. Mato

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01 / 01 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Labor Organization File Number 027745

Name Local 223, UWUA

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3306 W. Sutton P.D.	Street 15160 Commerce Drive North
State Mi ZiP Cade + 4 48446	State M: ZIP Code + 4 48120
5. Position in labor organization.	
Enter appropriate data below if, during the past (iscal year, you or your spo (except as specified in the exclu- A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	sions set forth in the instructions): derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	Y.a. Nature of Interest, Transaction, or Income.
Name Detroit Edison DTE Cherry	My wife is employed full-time by Detroit Edison as a Service Conter Manager
P.O. Box. Bldg., Room No., if any	
Street 2000 20 Avenue	7.5. Amount.
city Detroit	#80,201%.
State M: 25P Code + 4 48124	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

City		recovera nove
State	ZIP Code + 4	***************************************
10. If 9.b. or 9.c. is checked give trust o	employer's name.	11.s. Nature of such dealing.
Name		V-1
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		11.b. Approximate dollar value of such dealing.
City		
City		12.a. Nature of interest held or income received.
State	ZIP Code + 4	
13.3. Name and address of Employer or (including trade name, if any).	Lebor Relations Consultant	14.a. Nature or payment.
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street	•	
City		
Chata	71D Dade v f	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.
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